

# Underwriting Questionnaire

## Benign Prostatic Hypertrophy and Prostatitis

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.

Term  Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

Date of diagnosis \_\_\_\_\_

What condition has been diagnosed? \_\_\_\_\_

Result and date of most recent PSA test \_\_\_\_\_ Date \_\_\_\_\_

Result and date of most recent free PSA test \_\_\_\_\_ Date \_\_\_\_\_

Highest level PSA ever recorded \_\_\_\_\_ Date \_\_\_\_\_

Has there been any kind of treatment  Yes  No If yes, provide date and description \_\_\_\_\_

List any medications taken to treat the condition - list both current and past medications

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

Date and results of the most recent digital rectal exam of the prostate \_\_\_\_\_

Date and results of the most recent ultrasound of the prostate \_\_\_\_\_

Date and results of the most recent prostate biopsy \_\_\_\_\_

Has the client had surgery?  Yes  No If yes, provide date and type \_\_\_\_\_

List any other major health problems the client has: